



CITY OF LINCOLN
NEBRASKA

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR COLEEN J. SENG

lincoln.ne.gov

LINCOLN
The Community of Opportunity

September 21, 2005

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Bruno Enterprises Inc Too requesting two class I liquor licenses. Bruno Enterprises has purchased the businesses known as BW3's located at 1329 'P' Street and Buffalo Wild Wings located at 7301 South 27th Street, suite 100.

Bruno Enterprises has requested that Michael Furmanski be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Michael Furmanski was born in North Platte, Nebraska. He attended the University of Nebraska graduating in 2003.

Michael Furmanski employment history is as follows:

2004 – Present	Manager, BW3's	Lincoln, NE.
2002 – 2003	Sales, Knolls Country Club	Lincoln, NE.

Stockholder information and criminal histories have been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) BW 3

Manager Owner Other

Name: Michael Furmanski

US Citizen ? Yes No

Has applicant ever been cited for liquor law violations ? No Yes

Explain

Does applicant have an interest in another liquor license ? No Yes

Explain

Is spouse qualified to hold a license ? Yes No N/A

How is applicant if not an owner to be paid ? Salary Hourly

How many hours will applicant be at the establishment ? 70 +

Any other employment ? No Yes, explain

Any previous experience with a liquor license ? Yes No

Any criminal convictions ? No Yes

Comments

Is applicant a property owner in Lincoln ? Yes No

Is applicant involved in any civil litigation ? No Yes

Comments

(X) Photo (X) Records Check (X) References

Comments

Interview Date 9 / 21 / 05

Completed - RCH



Rupe

Dave Heineman
Governor

10-10-05

STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

August 31, 2005

Application to replace Potential, LLC dba BW-3's #34690

Lincoln City Clerk
555 S. 10th St.
Lincoln, NE 68508

Bruno Enterprises, Inc. Too
1328 P St. Class I

RE: Bruno Enterprises, Inc. Too dba Buffalo Wild Wings Grill and Bar

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE PROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Katie Lanning
Katie Lanning
Licensing Division
Rhonda R. Flower
Commissioner
Enclosures

Bob Logsdon
Bob Logsdon
Chairman

CITY CLERK'S OFFICE
2005 SEP 2 PM 1 48
CITY OF LINCOLN
NEBRASKA
R.L. (Dick) Coyne
Commissioner

Locals Class I-70176
16

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LICENSE APPLICATION CHECKLIST

AUG 31 2005

Applicant Name BRUNO ENTERPRISES INC. TOO Telephone # (219) 324-0773
Trade Name Buffalo Wild Wings Grill and Bar Previous Trade Name Same

NEBRASKA LIQUOR
CONTROL COMMISSION

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. Your operation depends on receiving a liquor license the Nebraska Liquor Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate. You may want to check with the city/village or county clerk, where you are making application, to see if any additional local requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

EACH ITEM MUST BE CHECKED OFF AND INCLUDED OR MARKED N/A FOR NOT APPLICABLE

- ☒ 1. Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of \$33.00 for each person. All areas must be completed on cards as per brochure.
- ☒ 2. Enclose registration and license fees for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
- ☒ 3. Enclose the appropriate additional application forms; Individual License - Form 1; Partnership License - Form 2; Corporate LLC License - Form 3 and Manager application (with corporate application only). LLC application must include all members.
- ☒ 4. If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name.
- ☒ 5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicant's name.
- ☒ 6. Enclose a copy of the temporary agency agreement, if applicable. Must be on Commission form only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.
- ☒ 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.
- ☒ 8. Enclose a list of any inventory or property owned by other parties that are on the premise.
- ☒ 9. For individual and partnership applications enclose proof of citizenship birth certificates, or naturalization documents for all persons listed on application. Documents must be a certificate from the State, where born, not hospital certificate.

2005 SEP 1 PM 1 48
CITY CLERK'S OFFICE
LINCOLN
NEBRASKA
FORM 33-4251
REV. 2/04

- ☒ 10. If a corporation enclose a copy of the articles of incorporation. This document must show receipt (barcode) by the Secretary of States Office.

Mail checklist, all applications and attachments to: Nebraska Liquor Control Commission, 301 Centennial Mall South,
PO Box 95046, Lincoln NE 68509-5046

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.


Signature

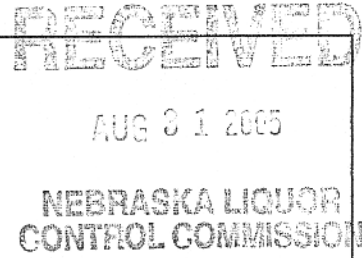
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AUG 9 1 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov



OFFICE USE ONLY

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

<input type="checkbox"/>	A	Beer, On Sale Only	\$45.00
<input type="checkbox"/>	B	Beer, Off Sale Only	\$45.00
<input type="checkbox"/>	C	Beer, Wine & Distilled Spirits, On & Off Sale	\$45.00
<input type="checkbox"/>	D	Beer, Wine & Distilled Spirits, Off Sale Only	\$45.00
<input checked="" type="checkbox"/>	I	Beer, Wine & Distilled Spirits, On Sale Only	\$45.00

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

			Bond
<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00 1,000 min.
<input type="checkbox"/>	O	Boat	\$ 95.00 N/A
<input type="checkbox"/>	V	Manufacturer, Beer, Wine & Distilled Spirits (additional fee of \$100 to \$1,000-call for exact amount)	\$ 45.00 10,000 min.
<input type="checkbox"/>	W	Wholesale Beer	\$295.00 5,000 min.
<input type="checkbox"/>	X	Wholesale Liquor	\$545.00 5,000 min.
<input type="checkbox"/>	Y	Farm Winery	\$295.00 5,000 min.

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License, requires insert form 1
☐ Partnership License, requires insert form 2
☒ Corporate License, requires insert form 3a and manager application 3b

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: Jim Bruno

Phone: (219) 324-0773

Firm Name: _____

Firm address: _____

PREMISE INFORMATION

Trade Name (doing business as) Buffalo Wild Wings Grill And Bar

Street Address #1 1328 P Street

Street Address #2 _____

City Lincoln, Nebraska

County Lancaster

Zip Code 68508

Telephone number at premise to be licensed (402) 475-2999

Is this location inside the city/village corporate limits: ☒ YES

☐ NO

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: BRUNO ENTERPRISES INC.TOO

Street Address #1 410 Pine Lake Avenue

Street Address #2 _____

City La Porte In.

County La Porte

Zip Code 46350

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations . No blue prints please. Be sure to indicate the direction north and number of floors of the building.


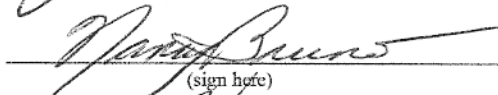
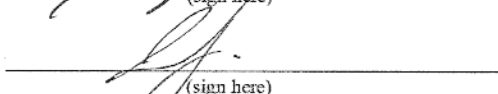
ATTACHED

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.
- ☐ Yes _____
- ☒ No
-
6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.
- ☐ Yes
- ☒ No
-
7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)
- ☐ Yes
- ☒ No
-
8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.
- ☐ Yes
- ☒ No
-
9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.
- ☐ Yes
- ☒ No
-
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.
- First National Bank of Nebraska 6600 s. 27th, Lincoln, Ne 68512
- James Bruno, Nancy Bruno & Carolyn Thomas
-
11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.
- (Let's Eat Out, Inc) Buffalo Wild Wings- Huntsville Alabama, #1683
- (Let's Eat Out, Inc) Buffalo Wild Wings- Springfield, Missouri #148404
-

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

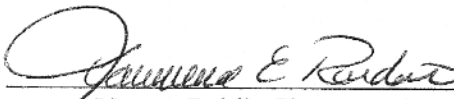
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

 (sign here)	_____ (sign here)	RECEIVED AUG 31 2005
 (sign here)	_____ (sign here)	
 (sign here)	_____ (sign here)	NEBRASKA LIQUOR CONTROL COMMISSION
_____ (sign here)	_____ (sign here)	
_____ (sign here)	_____ (sign here)	

Subscribed in my presence and sworn to before me this

29th day of August, 2005


Notary Public Signature & Seal
James E. Rader 10/27/07

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010
REV. 4/05

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AUG 31 2005

TEMPORARY AGENCY AGREEMENT

ID#

174

NEBRASKA LIQUOR
CONTROL COMMISSION

1. On August 22, 2005, Seller and Buyer entered into a contract for sale of the business known as Buffalo Wild Wings, which contract is contingent upon Buyer receiving approval for a liquor license to operate the business at 1328 "P" Street Lincoln, NE 68508

2. Seller and Buyer agree to allow Buyer to operate the business, subject to approval by the Liquor Control Commission, for a period not to exceed 120 days subsequent to August 22, 2005, the date of filing the application with the Liquor Control Commission.

3. Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;

4. Buyer will at all times be the agent of the Seller, but Buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when Buyer is acting as Seller's agent; it is specifically understood that Seller shall have no liability for the operation of the business during this period of time, and Buyer agrees to indemnify and hold Seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the Seller and Seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as Seller's license is canceled;

5. At time of closing, certain funds will be held in escrow pending issuance of the license.

6. Financial Institution: Name, Address, Account number of where escrow account is being held
First National Bank, 6600 So. 27th St., Lincoln, NE 68512
Routing # 104000016; Account # 201023802-20

7. All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the Buyer shall receive no profits from the operation of the business until the liquor license has been issued to Buyer, but shall have the right to direct the investment of profit funds by escrow agent.

8. This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.

9. It is hereby understood that in the event the Commission denies this application, this Temporary Agency Agreement is null and void the date of the order.

Signature of Seller Potential, LLC, Seller
Signature of Seller By: James McHarris
MANAGING MEMBER
Signature of Buyer [Signature]

Signature of
Buyer

Dated this

22

day of

August

2005

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AUG 31 2005

STATE OF NEBRASKA

)

ss

COUNTY OF

)

NEBRASKA LIQUOR
CONTROL COMMISSION

The above and foregoing Agency Agreement was acknowledged before me this 22 day of

August, 2005.

by

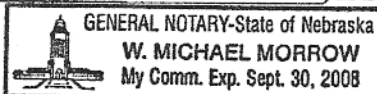
James M. Haran,

as Seller

Manager of

Potential, LLC

as Seller.



W. Michael Morrow

The above and foregoing Agency Agreement was acknowledged before me this _____ day of

by _____,

as Buyer,

_____, as Buyer.

Signature & Seal of Notary Public _____

FORM 35-4231

First National Bank of Omaha
1620 Dodge St
Omaha NE 68197

OWNERSHIP OF ACCOUNT - PERSONAL (Select One and Initial):

- ☐ Single-Party Account ☐ Trust-Separate Agreement
☐ Multiple-Party Account
☒ Other

RIGHTS AT DEATH (Select One And Initial):

- ☐ Single-Party Account
☐ Multiple-Party Account With Right of Survivorship
☐ Multiple-Party Account Without Right of Survivorship
☐ Single-Party Account With Pay On Death
☐ Multiple-Party Account With Right of Survivorship and Pay On Death

PAY-ON-DEATH BENEFICIARIES: To Add Pay-On-Death Beneficiaries Name One or More:

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP
☒ CORPORATION: ☐ FOR PROFIT ☐ NOT FOR PROFIT
☐ LIMITED LIABILITY COMPANY

BUSINESS: *BRUNO ENTERPRISES INC, TOO

COUNTY & STATE
OF ORGANIZATION:

AUTHORIZATION DATED:

DATE OPENED 08/17/05 BY 00702 00002

INITIAL DEPOSIT \$ 0.00

☐ CASH ☐ CHECK

HOME TELEPHONE # 219 324-0773

BUSINESS PHONE #

DRIVER'S LICENSE #

E-MAIL

EMPLOYER

MOTHER'S MAIDEN NAME

Name and address of someone who will always know your location:

BACKUP WITHHOLDING CERTIFICATIONS

TIN:

☒ TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

☐ BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X *[Signature]* P-22-25
(Date)

ACCOUNT
NUMBER

ACCOUNT OWNER(S) NAME & ADDRESS

BRUNO ENTERPRISES INC, TOO
Liquor Escrow

JAMES D BRUNO

NANCY L BRUNO

410 PINE LAKE AVE

PO BOX 178

LAPORTE, IN 46350

RECEIVED
AUG 31 2005
NEBRASKA LIQUOR
CONTROL COMMISSION

☒ NEW ☐ EXISTING

**TYPE OF
ACCOUNT**

- ☐ CHECKING ☒ SAVINGS
☐ MONEY MARKET ☐ CERTIFICATE OF DEPOSIT
☐ NOW ☐

Account Name:

☐ This is a Temporary account agreement.

Number of signatures required for withdrawal

FACSIMILE SIGNATURE(S) ALLOWED? ☐ YES ☐ NO

[X]

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

- ☐ Deposit Account ☐ Funds Availability ☐ Truth in Savings
☐ Electronic Fund Transfers ☐ Privacy ☐ Substitute Checks
☐

(1):

[Signature]
JAMES D BRUNO

I.D. #

D.O.B.

(2):

[Signature]
NANCY L BRUNO

I.D. #

D.O.B.

(3):

[Signature]
Carolyn S Thomas

I.D. #

D.O.B.

(4):

[X]

I.D. #

D.O.B.

AGENCY (POWER OF ATTORNEY) DESIGNATION (Optional): To Add Agency Designation To Account, Name One or More Agents:

(Select One and Initial):

- ☐ Agency Designation Survives Disability or Incapacity of Parties
☐ Agency Designation Terminates on Disability or Incapacity of Parties



First National Bank

6600 South 27th Street
Lincoln NE 68512
402.420.8300



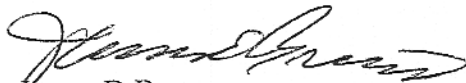
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AUG 31 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

August 30, 2005

I James D Bruno owner & operator of Bruno Enterprises Inc., TOO
d/b/d Buffalo Wild Wings
Requesting to add James M Haran as a signor to account #20102380220.


James D Bruno

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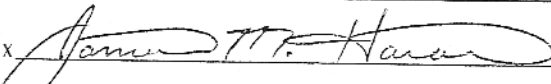
AUG 2 1 2003

First National Bank Signature Card

NEBRASKA LIQUOR
CONTROL COMMISSION

First National Bank is authorized to recognize any of the signatures affixed for payment of funds or the transaction of any business for this account. The undersigned further agree to be bound by all regulations of the Bank, acknowledge receipt of the Deposit Agreement and Disclosures (or Certificate of Deposit) for this account, and agree to be bound by terms thereof.

"I (We) authorize the Bank to make whatever inquiries it deems necessary in conjunction with my (our) deposit account application and authorize any person, entity or consumer reporting agency to furnish in response to such inquiries any information it may possess."

ACCOUNT TITLE	ACCOUNT NUMBER
* Bruno Enterprises Inc, TOO D/B/A Buffalo Wild Wings. Liquor Account	
AUTHORIZED SIGNATURE(S)	SOCIAL SECURITY NO. (S)
X 	
SIGNATURE No. 1 James M Haran	
X _____	
SIGNATURE No. 2	
X _____	
SIGNATURE No. 3	

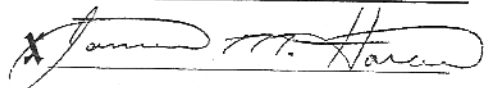
Certification Taxpayer Identification Number

Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions: • You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding, you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

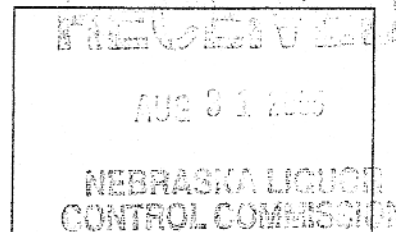
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

P105820107FMMM

X 

**APPLICATION FOR LIQUOR LICENSE
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: <http://www.lcc.ne.gov/>



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

BRUNO ENTERPRISES INC.TOO

Corporate Street Address: 410 Pine Lake Avenue

City: La Porte State: In Zip Code: 46350

Corporate Telephone Number 219-324-0773

Total number of shares issued (if corporation) 100

Is this a Non Profit Corporation? ☐ YES ☒ NO

If yes, what is your Federal ID #? _____

Name of Registered Agent LAWRENCE E. Rardin

Name of Proposed Manager Mike Furmanski

This person must complete form 35-4013

List name of Chief Executive Officer _____

Last Name: Bruno First Name: James MID

Address Street 0232 Chippewa City La Porte

State In Zip Code 46350 Home Phone number 219-326-7937

Social Security Number: Date of Birth:

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AUG 8 2003

List names of all Officers, Directors, Stockholders, Members and their Spouses

NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name Bruno First Name James

Social Security Number _____ Date of Birth _____

Title President Number of Shares 50

Spouse Name (indicate N/A if single) Nancy Bruno

Spouse Social Security Number _____ Date of Birth _____

Title Secretary Number of Shares 50

Last Name ~~James~~ Bruno First Name Nancy

Social Security Number _____ Date of Birth _____

Title Secretary Number of Shares 50

Spouse Name (indicate N/A if single) James

Spouse Social Security Number _____ Date of Birth _____

Title PRESIDENT Number of Shares 50

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Is this Corporation or Limited Liability Company controlled by another Corporation?

☐ Yes

☒ No

If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

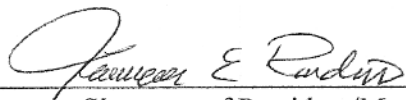
Starting Date 01/01/2005

Ending Date 12/31/2005

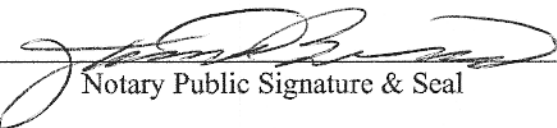
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NEBRASKA LIQUOR
CONTROL COMMISSION

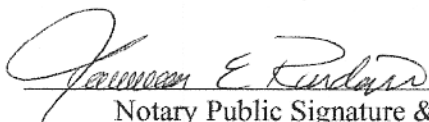


Signature of President/Managing Member



Subscribed in my presence and sworn to before me this

29th day of AUGUST, 2005,



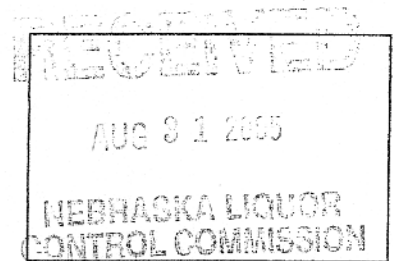
Notary Public Signature & Seal

LAWRENCE E. RARDIN 10/27/07

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
*MUST BE A NEBRASKA RESIDENT***

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: <http://www.lcc.ne.gov/>



LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION BRUNO ENTERPRISES INC. TOO

CLASS & LICENSE NUMBER #1 _____

TRADE NAME Buffalo Wild Wings Grill & Bar

STREET ADDRESS 1328 P Street

CITY Lincoln, Nebraska

 James D Bruno
SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME Mike Furmanski

ADDRESS 139 N 11th apt. 101

CITY Lincoln

STATE Nebraska

ZIP CODE 68508

HOME PHONE NUMBER (402) 438-2747

BUSINESS PHONE NUMBER (402) 474-2999

SEX ☒ MALE ☐ FEMALE

SOCIAL SECURITY NUMBER ██████████

DATE OF BIRTH ██/██/██

PLACE OF BIRTH North Plate

DRIVERS LICENSE NUMBER & STATE ██-██-██-██

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME Not Married

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DRIVERS LICENSE NUMBER & STATE _____

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

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NEBRASKA LIQUOR
CONTROL COMMISSION

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? **IF YES**, for what premise give license number and date.

☐ YES ☒ NO

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES ☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?
Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

☒ YES ☐ NO

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE							
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE		YEAR FROM TO	
Lincoln, Nebraska		1997	2005				
North Platte, Nebraska		1978	1997				
EMPLOYERS - LIST LAST TWO EMPLOYERS							
MONTH/YEAR FROM TO		NAME OF EMPLOYER		NAME OF SUPERVISOR		TELEPHONE NUMBER	
		School					

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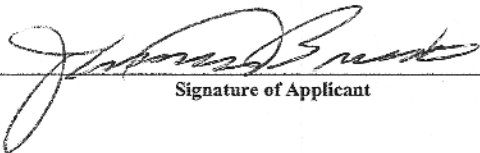
**PERSONAL OATH AND CONSENT OF INVESTIGATION
MUST BE SIGNED BY APPLICANT & SPOUSE**

NEBRASKA LIQUOR
CONTROL COMMISSION

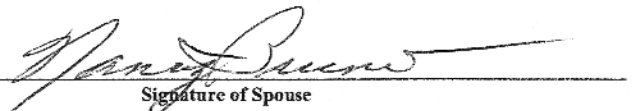
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



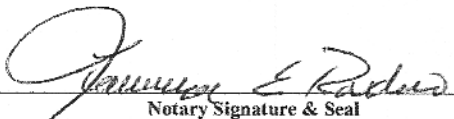
Signature of Applicant



Signature of Spouse

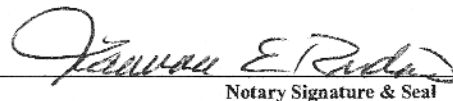
Subscribed in my presence and sworn to before me this 29th
day of AUGUST, 2005

Subscribed in my presence and sworn to before me this 29th
day of AUGUST, 2005



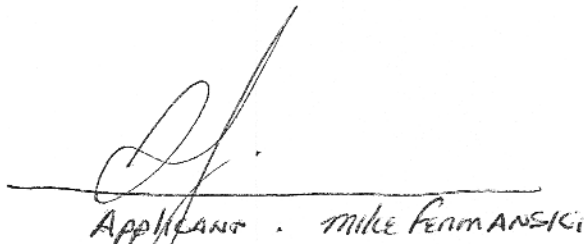
Notary Signature & Seal

LAWRENCE E RARDIN 10/27/07



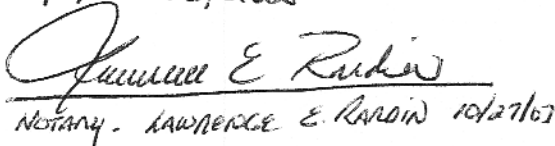
Notary Signature & Seal

LAWRENCE E RARDIN 10/27/07



Applicant . MIKE FENNANSKI

AUGUST 30, 2005



NOTARY . LAWRENCE E. RARDIN 10/27/07

STATE OF

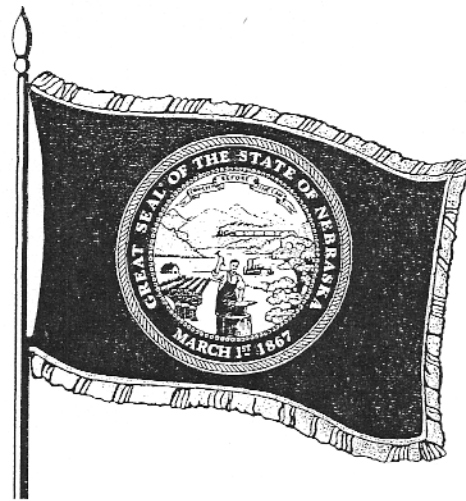
NEBRASKA
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AUG 31 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

United States of America,
State of Nebraska } ss.

Department of State
Lincoln, Nebraska



I, John A. Gale, Secretary of State of Nebraska do hereby certify;

BRUNO ENTERPRISES, INC. TOO

a Indiana corporation, was duly authorized to transact business in this state on August 22, 2005.

I further certify that no occupation taxes assessed are unpaid and no biennial reports are delinquent; and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on August 30, 2005.

John A. Gale
SECRETARY OF STATE





NEBRASKA
Secretary of State

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AUG 31 2005

NEBRASKA LIQUOR
CONTROL COMMISSION



John A. Gale

Corporation and Business Entity Searches

Mon Aug 22 19:02:17 2005

Results

Your search has returned 1 results.

[New Search](#)

[Shopping Cart](#)

Entity Name	Secretary of State Account Number	Type	Account Status
BRUNO ENTERPRISES, INC. TOO	10075034	Foreign Corp	Active

[Details](#)

[Back to Top](#)

For Help/Information about Corporation Images, please view the [FAQ](#). Thank you!

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

RECEIVED

CERTIFICATE OF INCORPORATION

AUG 31 2005

OF

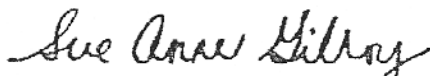
NEBRASKA LIQUOR
CONTROL COMMISSION

BRUNO ENTERPRISES, INC. TOO

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above corporation have been presented to me at my office accompanied by the fees prescribed by law; that I have found such Articles conform to law; all as prescribed by the provisions of the Indiana Business Corporation Law, as amended.

NOW, THEREFORE, I hereby issue to such corporation this Certificate of Incorporation, and further certify that its corporate existence will begin November 10, 1997.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Tenth day of November, 1997.



SUE ANNE GILROY, Secretary of State


Deputy

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

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AUG 31 2005

**NEBRASKA LIQUOR
CONTROL COMMISSION**

To Whom These Presents Come, Greetings:

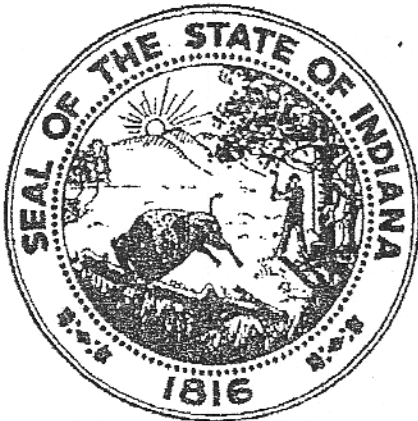
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

BRUNO ENTERPRISES, INC. TOO

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 10, 1997, and was in existence or authorized to transact business in the State of Indiana on August 18, 2005.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eighteenth Day of August, 2005.

TODD ROKITA, Secretary of State

1997110639 / 2005081898433

FEB-02-2001 20:18

INCORPORATION

159 (R10/8-95)

Approved by State Board of Accounts 1995

FILED

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E21
Indianapolis, IN 46204
Telephone: (317) 232-6575

INSTRUCTIONS: Use 8 1/2" x 11" white paper for reports.
Present original and two (2) copies to address in upper right corner of this form.
Please TYPE or PRINT.
Upon completion of filing, the Secretary of State will issue a receipt.

SECRETARY OF STATE OF INDIANA

Indiana Code 23-1-21-2
FILING FEE: \$90.00

AUG 31 2005

ARTICLES OF INCORPORATION

The undersigned, desiring to form a corporation (hereinafter referred to as "Corporation") pursuant to the provisions of

☒ Indiana Business Corporation Law

☐ Indiana Professional Corporation Act 1983, Indiana Code 23-1.5-1-1, et seq. (Professional corporations must include Certificate of Registration.)

As amended, executes the following Articles of Incorporation:

NEBRASKA LIQUOR
CONTROL COMMISSION

ARTICLE I NAME AND PRINCIPAL OFFICE

Name of Corporation (the name must include the word "Corporation", "Incorporated", "Limited", "Company" or an abbreviation thereof)

BRUNO ENTERPRISES, INC. TOO

Principal Office: The address of the principal office of the Corporation is:

Post office address

P.O. BOX 178

City

LAPORTE

State

IN

ZIP code

46352

ARTICLE II REGISTERED OFFICE AND AGENT

Registered Agent: The name and street address of the Corporation's Registered Agent and Registered Office for service of process are:

Name of Registered Agent

JAMES D. BRUNO

Address of Registered Office (street or building)

511 JACKSON STREET

City

LAPORTE

Indiana

ZIP code

46350

ARTICLE III AUTHORIZED SHARES

Number of shares the Corporation is authorized to issue:

1000 SHARES - ALL COMMON

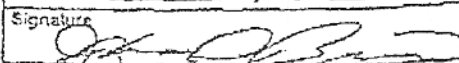
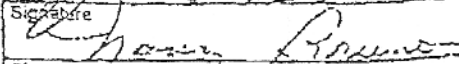
If there is more than one class of shares, shares with rights and preferences, list such information as "Exhibit A."

ARTICLE IV INCORPORATORS

NAME	NUMBER AND STREET OR BUILDING	CITY	STATE	ZIP CODE
JAMES D. BRUNO	0232 CHIPPEWA DR.	LAPORTE	IN	46350
NANCY BRUNO	0232 CHIPPEWA DR.	LAPORTE	IN	46350

In Witness Whereof, the undersigned being all the incorporators of said Corporation execute these Articles of Incorporation and verify, subject to penalties of perjury, that the statements contained herein are true,

this 6TH day of NOVEMBER, 19 97.

Signature	Printed name
	JAMES D. BRUNO
Signature	Printed name
	NANCY BRUNO
Signature	Printed name

This instrument was prepared by: (name)

JAMES D. BRUNO

Address (number, street, city and state)

P.O. BOX 178 LAPORTE, IN

ZIP code

46352-0178

TOTAL P.08

RECEIVED DATE : 09/04 13:06'02 FROM :

BRUNO ENTERPRISES INC.

1/8
Ind. IN 46352Telephone:
(219) 324-0773

November 5, 1997

RECEIVED

AUG 31 2005

Secretary of State
Corporations Division
302 W. Washington St. Rm. E018
Indianapolis, IN 46204

NEBRASKA LIQUOR
CONTROL COMMISSION

Gentleman:

Please let this serve as notice that Bruno Enterprises, Inc.,
FEIN # 35-1607580 approves of the use of the name Bruno
Enterprises, Inc. Too. for the Corporation forming on the attached
Form 4159.

If anything further is needed from us please feel free to contact
us.

Sincerely,
Bruno Enterprises, Inc.


James D. Bruno - President

RECEIVED
CORPORATION DIVISION

97NOV10 21 05

SUE ARNECOURT

Y-RESOLUTION

AUG 31 2055

NEBRASKA LIQUOR
CONTROL COMMISSION

(Name of Corporation)

(State)

BE IT RESOLVED that the First National Bank of Omaha ("BANK") be designated as a depository of the funds of the CORPORATION.

	Number of Signatures Required (One, Two, etc.)
Account Number	

BE IT FURTHER RESOLVED that the following:

Account(s) Authorized

be and hereby are authorized to make withdrawals and to draw checks, drafts or other orders for the payment of money on said CORPORATION depository account(s) and the BANK is authorized to honor the same including checks, drafts and other orders for the payment of money drawn in the CORPORATION's name, including, without limitation, orders payable to the CORPORATION or to the individual order of any signing person(s) or payable to the BANK or others for the account of such person(s) or tendered in payment of the obligations of such person(s), including when bearing or purporting to bear the facsimile signature(s) of the above named person(s), and the BANK shall be entitled to honor and charge the CORPORATION and its account for such drafts or other orders notwithstanding the fact that the facsimile signature thereon was obtained or used without the authority of any of the persons named herein and regardless of by whom or by what means the actual or purported facsimile signature or signatures resemble the facsimile specimens filed with the BANK. This authorization shall remain in effect until the BANK receives written notice of revocation and has a reasonable opportunity to act thereon.

BE IT FURTHER RESOLVED that any AUTHORIZED SIGNER or OFFICER of the CORPORATION as designated on this form or the signature card may agree to the terms of the First National Bank of Omaha Visa Business Check Card Agreement on behalf of the CORPORATION, such person may instruct the BANK to issue debit cards on such account, and the CORPORATION agrees that the BANK may honor all debits initiated by such cards in accordance with such Agreement.

BE IT FURTHER RESOLVED that the BANK is hereby authorized to make advances of credit to prevent overdrafts on the foregoing accounts, including, without limitation, advances made pursuant to a First Business Credit Line Agreement which may now or hereafter be executed by any AUTHORIZED SIGNER or OFFICER of the CORPORATION, as designated on this form or the signature card and the CORPORATION agrees to repay such advances according to the terms established by the BANK from time to time or as set forth in the First Business Credit Line Agreement, if executed.

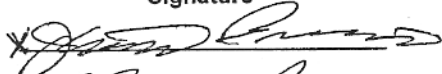

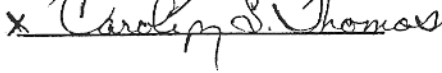
BE IT FURTHER RESOLVED that, although the BANK has no obligation to do so, in the event the BANK determines that forgery or fraud has occurred or been attempted with respect to any account of the CORPORATION, the BANK may close such account, re-open a new account under the same terms as the closed account, and so note on its records (including, but not limited to, this form), and need not require a copy of any additional resolutions or any certificate with respect thereto.

The CORPORATION and undersigned expressly understand and agree that the BANK, when dealing with any of those persons herein authorized to act for the CORPORATION, shall be entitled to accept the representations of such authorized person or persons, that the purpose of exercising the authority herein given is within the scope of the business of the CORPORATION, and the BANK shall be under no obligation to make any inquiries in order to verify or confirm any of said representations nor see the application of the CORPORATION funds for the purposes so represented, and further that the BANK shall in no way be responsible for misapplication of the CORPORATION funds or other property acquired, encumbered or disposed of by virtue of the authority herein given.

BE IT FURTHER RESOLVED that the power and authority granted by this resolution shall continue in full force and effect until notice in writing to the contrary is received by the BANK and the BANK has a reasonable opportunity to react thereto.

I FURTHER CERTIFY, that there is no provision in the charter or By-Laws of said CORPORATION limiting the power of the Board of Directors to pass the foregoing resolution, that the same is in conformity with the provisions of said charter and By-Laws and that if a corporate seal is required by the By-Laws for this certificate, such seal is affixed.

I FURTHER CERTIFY, that the following are those persons now authorized to act as set forth by this resolution, holding office in said CORPORATION as indicated, and are genuine signatures opposite their respective names:

	Office/Title ("Officer")	Print Name of Individual	Signature
1.	President	James D Bruno	X 
2.	Vice President	Nancy L Bruno	X 
3.	Office Manager	Carolyn S Thomas	X 
4.			
5.			
6.			
7.			
8.			

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AUG 31 2005
NEBRASKA LIQUOR
CONTROL COMMISSION

Under the penalties of perjury, I certify that: (1) the number shown on this document is the correct taxpayer identification number of the CORPORATION, and (2) the CORPORATION is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the CORPORATION that it is no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).


Taxpayer Identification Number certification instructions – You must cross out item (2) above if the CORPORATION has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest or dividends on the CORPORATION's tax return. However, if after being notified by the IRS that it was subject to backup withholding the CORPORATION received another notification from the IRS that it is no longer subject to backup withholding, do not cross out item (2).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

35-2030834

Federal Taxpayer Identification Number

IN WITNESS WHEREOF, I have hereunto set my hand as Secretary of said CORPORATION this 15 day of August, 2005.


(Signature: Secretary of CORPORATION)